

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036  
FORM APPROVED

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**APPLICATION FOR REGISTRATION**  
(TYPE OR PRINT)

**REGISTRATION UPDATE**

**USDA USE ONLY**

Applicant should send completed form to this address.  
USDA APHIS ANIMAL CARE  
EASTERN  
2150 Centre Ave.  
Building B, Mailstop #3W11  
Fort Collins, CO 80526-8117  
(970) 494-7478

**CERTIFICATE NO./CUST NO:**  
23-R-0089

**RENEWAL DATE**

360

6-Jun-2020

**1. REGISTRANT (Name and permanent mailing address, including Zip Code)**

Cocalico Biologicals Inc  
449 Stevens Road  
Stevens, PA 17578

COUNTY: Lancaster TELEPHONE (717) 336-1990

**3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)**

**2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES**  
(Use additional sheets if necessary)

(b) (6), (b) (7)(C)

**4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:**

**5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT**

RESEARCH, TESTS, OR EXPERIMENTS

☒ Yes ☐ No

**6. TYPE OF REGISTRATION:**

☐ Class E - Exhibitor ☐ Class H - Intermediate Handler  
☐ Class R - Research Facility ☐ Class T - Carrier

**7. FEDERAL FUND TYPES:**

☐ Award ☐ Contract ☐ Grant ☐ Loan

**8. TYPE OF ORGANIZATION:**

☐ Partnership ☐ Corporation ☐ Individual  
☐ Other (Specify)

**9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL. (Use separate sheet if needed)**

A. NAME B. TITLE C. ADDRESS (Use address including ZIP Code)

(b) (6), (b) (7)(C)

**CERTIFICATION**

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

**10. SIGNATURE**

(b) (6), (b) (7)(C)

**11. NAME AND TITLE (Type or Print)**

(b) (6), (b) (7)(C)

**12. DATE SIGNED**

06/10/2020

APHIS FORM 7011  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS